Attach an updated finance letter.

LOCAL PROGRAMS AGREEMENT CHECKLIST

| st for <u>Local Agency/S</u> | State agreement for | Federal/State f | unding: Project No | |
|---|------------------------|--------------------|-----------------------|---------------------------|
| ınds: | | | | |
| 1 Federal | TSM match | _ LS Partnership | Match/Exc | change |
| 2 Bicycle Lane | Acct. | | | |
| 3 Prop. 116 Bi | cycle EEM | FCR | TSM | TEA |
| Is a CTC 2nd vote requ | ired? Yes | No (No | rmally req'd for lin | ne 3. items) |
| Has it been scheduled/v | voted? Yes | No | Date | |
| greement Type | | | | |
| Master | Supplement | _ Revised Supple | ment Sp | ecial Progran |
| nases to be Covered: | | | | |
| Funding: | PE ROW | Const. | Other (spe | ecify) |
| andard Conditions: | | | | |
| Who will: | | | | |
| Advertise Aw | vard Adminis | ster Fu | rnish RE Ma | intain |
| L = Local Agency | S = State $O =$ | Other (Specify)_ | | |
| eimburse State for: | | | | |
| Resident Engine | eer Inspe | ction | Other (specify) | |
| poperative Agreement | No | (if any) | | |
| multiple fund sources a venant references need | | estimates and clar | rifying information | defining |
| escribe any other specia | ıl conditions applying | g to the project. | | |
| gency Contact Person | | Date | Phone | |
| gency | Contact Person _ | Contact Person | Contact Person Date | Contact Person Date Phone |

LOCAL PROGRAMS AGREEMENT CHECKLIST

Request for State/FHWA agreement (PR-2/2A) for Federal funding:

| A. Agreement Type PR-2PR-2A (modification to PR-2) B. Federal Funds STPSTP/TEASTP/SafetyCMAQHE DemonstrationEROther (specify) C. Phases to be Covered: PEROWConstOther (specify) D. TIP Consistency Funds requested do not exceed amounts in approved FTIP/FSTIP. Funds requested do exceed amounts in approved FTIP/FSTIP as allowed by (Describe rule) E. Consistency with "Authorization to Proceed" No change from amounts authorized. Increase funds for:PEROWConst. * Decrease funds for:PEROWConst. * Decrease funds for:PEROWConst. * Decrease funds for:PEROWConst. * | cify) cify) STIP. as allowed by MPO rule: nst. * | | | | Projec | et No |
|--|--|---------|---------------------------------|---------------------|-------------------|----------------------|
| B. Federal Funds STPSTP/TEASTP/SafetyCMAQHEDemonstrationEROther (specify) C. Phases to be Covered:PEROWConstOther (specify) D. TIP ConsistencyFunds requested do not exceed amounts in approved FTIP/FSTIPFunds requested do exceed amounts in approved FTIP/FSTIP as allowed by (Describe rule) E. Consistency with "Authorization to Proceed"No change from amounts authorizedIncrease funds for:PEROWConst. *Decrease funds for:PEROWConst. * | cify) cify) STIP. as allowed by MPO rule: nst. * | A. Agre | eement Type | | | |
| STPSTP/TEASTP/SafetyCMAQHEDemonstrationEROther (specify) C. Phases to be Covered:PEROWConstOther (specify) D. TIP ConsistencyFunds requested do not exceed amounts in approved FTIP/FSTIPFunds requested do exceed amounts in approved FTIP/FSTIP as allowed by (Describe rule) E. Consistency with "Authorization to Proceed"No change from amounts authorizedIncrease funds for:PEROWConst. *Decrease funds for:PEROWConst. * | cify) cify) STIP. as allowed by MPO rule: nst. * | | PR-2A (n | nodification to PR- | 2) | |
| Demonstration ER Other (specify) C. Phases to be Covered: PE ROW Const Other (specify) D. TIP Consistency Funds requested do not exceed amounts in approved FTIP/FSTIP Funds requested do exceed amounts in approved FTIP/FSTIP as allowed by (Describe rule) E. Consistency with "Authorization to Proceed" No change from amounts authorized Increase funds for: PE ROW Const. * Decrease funds for: PE ROW Const. * | cify) cify) STIP. as allowed by MPO rule: nst. * | B. Fede | eral Funds | | | |
| C. Phases to be Covered: PEROWConstOther (specify) D. TIP Consistency Funds requested do not exceed amounts in approved FTIP/FSTIP. Funds requested do exceed amounts in approved FTIP/FSTIP as allowed by (Describe rule) E. Consistency with "Authorization to Proceed" No change from amounts authorized. Increase funds for:PEROWConst. * Decrease funds for:PEROWConst. * | cify) STIP. as allowed by MPO rule: nst. * | | STP STP/TEA | STP/Safety | CMAQ | HBRR |
| PEROWConstOther (specify) D. TIP Consistency Funds requested do not exceed amounts in approved FTIP/FSTIP. Funds requested do exceed amounts in approved FTIP/FSTIP as allowed by (Describe rule) E. Consistency with "Authorization to Proceed" No change from amounts authorized. Increase funds for:PEROWConst. * Decrease funds for:PEROWConst. * | STIP. as allowed by MPO rule: nst. * nst. * | | Demonstration | ER | _ Other (specify) |) |
| D. TIP Consistency Funds requested do not exceed amounts in approved FTIP/FSTIP. Funds requested do exceed amounts in approved FTIP/FSTIP as allowed by (Describe rule) E. Consistency with "Authorization to Proceed" No change from amounts authorized. Increase funds for: PE | STIP. as allowed by MPO rule: nst. * nst. * | C. Phas | ses to be Covered: | | | |
| Funds requested do not exceed amounts in approved FTIP/FSTIP. Funds requested do exceed amounts in approved FTIP/FSTIP as allowed by (Describe rule) E. Consistency with "Authorization to Proceed" No change from amounts authorized. Increase funds for: PE ROW Const. * Decrease funds for: PE ROW Const. * | as allowed by MPO rule: nst. * nst. * | | PE ROW _ | Const | _ Other (specify) |) |
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| (Describe rule) E. Consistency with "Authorization to Proceed" No change from amounts authorized. Increase funds for: PE ROW Const. * Decrease funds for: PE ROW Const. * | nst. * nst. * | _ | Funds requested do not exce | eed amounts in appr | oved FTIP/FSTIP |) . |
| No change from amounts authorized Increase funds for: PE ROW Const. * Decrease funds for: PE ROW Const. * | nst. * | _ | | amounts in approved | l FTIP/FSTIP as a | illowed by MPO rule: |
| Increase funds for: PE | nst. * | E. Cons | sistency with "Authorization to | Proceed" | | |
| Decrease funds for: PE ROW Const. * | nst. * | _ | No change from amounts au | ithorized. | | |
| | | _ | Increase funds for: P | E ROW | Const. | * |
| F. Agency Contact Person Date Phone | DI. | _ | Decrease funds for: I | PE ROW | Const. | * |
| | Phone | . Age | ncy Contact Person | Da | nte | Phone |
| Agency: | | Agei | ncy: | | | |
| Address: | | Addı | ress: | | | |
| | | | | | | |